

AMM Review Process

The Area Medicaid Management (AMM) staff provide oversight to IL Counseling agencies to ensure high quality HCBS services. The case review process allows AMM staff to work jointly with ILCs to achieve this goal.

L-1 Quality assurance measures

The review process looks specifically at the following:

- a. Quality and accuracy of consumer case files;
- b. Quality and accuracy of assessments and functional eligibility determinations;
- c. Consumer satisfaction;
- d. Appropriateness of services on the POC;
- e. Accuracy of provider claims;
- f. Quality of independent living counseling and direct care services.

L-2 Case review

- a. The initial date and time of the referral are only considered in the first annual review.
- b. Reviews should focus on the current review period (generally the three previous months at the time of the review) material in the case file, although annual documentation such as the UAI, ACW, POC, Choice Form, etc., should also be reviewed as it is required on QA forms.
- c. CMS generally allows a 30-day grace period for the AMM staff review to be completed. Therefore in months with an inordinate amount of reviews that are due to be completed, it is acceptable to complete them within the following 30 days.
- d. The AMM staff should provide the IL Counseling agency a quarterly list (broken down by months) of the case files that will be required for the next review.
- e. Case files should be reviewed within the first ten (10) working days of the review month.
- f. Case files can be reviewed at the CIL or HHA, taken back to the reviewer's office, or the CIL or HHA may mail the case files to the reviewer if distance is an issue. The CIL or HHA preference is to be given whenever feasible.

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- g. Certain case file documents are to be copied by the reviewer during the review. The reviewer should begin completion of the Case File Review Form with information from the file.

Documents to be copied include:

- i. LTC Services Threshold Guide;
 - ii. Case notes from past three months;
 - iii. Attendant Care Worksheets;
 - iv. Paper POCs;
 - v. UAI pages 1 & 2
- h. For each case file reviewed, the reviewers are responsible for completing Part IV of the HCBS/PD Case Review Summary packet.
- i. Copies of the packets and an accompanying letter summarizing the review findings should be provided to the IL counseling agency involved in the review. This portion of the process is to be conducted between the 8th and the 15th of the month following the review month.
- j. ILC agencies should have the opportunity to question the findings of the reviewers. Any such issues should be presented in writing with accompanying documentation to support any challenge to the AMM staff supervisor for their immediate review, reconsideration, and resolution.
- k. Reviews should not be entered into the PD/QA database until the ILC has responded to the review, in case of misinterpretation or misunderstanding by the AMM staff. The ILC is required to respond in writing within 15 working days to the AMM staff regarding any concerns they cite in the review.
- l. At the time of the annual review, the AMM staff should attempt three times to schedule and complete the in-person interview for purposes of assuring continued functional eligibility for waiver services. The third attempt at contact should be by certified mail with a return receipt requested. If the consumer refuses, isn't home at the scheduled time, etc., on all three attempts, the case should be closed by the ILC.
- m. The HCBS/PD consumer has the option of choosing to have a support person present during the in-person interview. The consumer's ILC or any representative of the IL Counseling agency may not act as the support person in this situation.

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L-3 Protocol on scoring disagreements

When there is a discrepancy in the Long Term Care Threshold score between the score in the consumer's case file and the score completed by the AMM staff at the time of review, and the discrepancy leads to a consumer no longer being eligible for the PD waiver, the following steps will be taken:

- a. The AMM staff will carefully review their work to be certain that there is no mis-coding of any answers and that there are no conflicting answers in the ADL, IADL and Risk Factors sections.
- b. The AMM staff will contact the ILC to discuss with them the functional score and determine if there are any factors that the ILC is aware of, through the course of their regular contact with the consumer, that the AMM staff may have been unaware of, that affected the functional scoring. A joint assessment by the ILC and the AMM staff may be completed at the discretion of each CIL and SRS Area Office.
- c. If the decision of the AMM staff remains that the consumer is ineligible for the PD waiver, a NOA will be sent by the ILC to the consumer notifying the consumer that they are no longer eligible for PD services. Information regarding the consumer's right to appeal will be included on the NOA.